

Part B Insider (Multispecialty) Coding Alert

ICD-9 Coding Quiz: Ensure That Your 2011 Diagnosis Coding Skills Are Up to Par

5 questions reveal whether you need an ICD-9 brush-up.

October 1 has come and gone, and that means you need to be up and running with the latest ICD- 9 changes. Are you wondering where you should focus your time and energy?

Time-saver: This quiz on the new codes and the basics of diagnosis coding will help you determine whether you're on the right track, or if you should work on your 2011 diagnosis coding know-how.

Question 1: How should you report lumbar spinal stenosis with claudication?

- A. 729.5 (Pain in limb)
- B. 724.03 (Spinal stenosis, lumbar region, with neurogenic claudication)
- C. 724.4 (Thoracic or lumbosacral neuritis or radiculitis, unspecified)
- D. 782.0 (Disturbance of skin sensation)
- Question 2: True or false: You can never report a V code as the primary diagnosis.

Question 3: Your physician performs a colonoscopy on a patient with fecal impaction. Which diagnosis code should you report?

- A. 560.39 (Other impaction of the intestine)
- B. 787.63 (Fecal urgency)
- C. 560.32 (Fecal impaction)
- D. 787.61 (Incomplete defecation)

Question 4: True or false: You can never report an E code as the primary diagnosis.

Question 5: A patient presents with acute chest pain and hypertension. History reveals that he inhaled four lines of cocaine within the past hour and has been abusing cocaine for the past year. The physician performs and documents a comprehensive history and exam.

Diagnostics include a cardiac panel and drug screen, and an electrocardiogram (EKG) reveals ST elevation in the anterior leads. Lab work shows elevated CPK and troponin. The physician treats the patient with intravenous Valium and starts him on a nitroglycerin drip. The physician then admits the patient to the critical care unit with anterior wall ST segment elevation myocardial infarction (STEMI) due to cocaine poisoning and hypertension. The physician reports 45 minutes of critical care time.

Which diagnosis codes should you link to 99291 (Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes) for this visit?

Check yourself: To see if you've got a handle on these diagnosis coding topics, review your answers against the answer



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